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NEMT Claims Submission and

Uploading the Daily Trip Report using the Transaction Insight Portal

*Materials are designed for FFS programs, including AIHP, TRBHAs and Tribal ALTCS
February 2020

AHCCCS
Arizona Health Care Cost Containment System

These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

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Non-Emergency Medical Transportation (NEMT) Coverage

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Non-Emergency Medical Transportation (NEMT) Coverage

Non-emergency medically necessary transportation is covered consistent with A.A.C. R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service.

Such transportation services may also be provided by Emergency Transportation providers after an assessment by the Emergency Transportation team or Paramedic team determines that the member's condition requires medically necessary transportation.

Non-Emergency Medical Transportation (NEMT) Coverage

Medically Necessary Non-Emergency Transportation Services are covered under the following conditions:

a. The physical or behavioral health service for which the transportation is needed is a covered AHCCCS service;

b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available; and

c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

Non-Emergency Medical Transportation (NEMT) Coverage

If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered under the following circumstances:

a) To transport a member to obtain Medicare Part D covered prescriptions, and

b) To transport a member to participate in local community based support programs as identified in the member's service plan. Transportation coverage to these programs is limited to transporting the member to the nearest program capable of meeting the member's needs as identified on the member's service plan. Covered local community-based support programs are limited to those specified in Attachment A of this Policy. The Contractor may submit names of other programs it would like added to Attachment A, via e-mail, to the AHCCCS Operations Compliance Officer for consideration for future Policy revisions.

Non-Emergency Medical Transportation (NEMT) Coverage

Tribal Lands Notation:

- Effective 10/1/2014 all NEMT that transport AHCCCS members (pick up and/or drop off) on reservation will be required to obtain a Tribal business license from the Tribe.

- Prior authorization will be denied for transport services on reservation if the NEMT provider does not have the corresponding Tribal business license on file with AHCCCS Provider Registration.

Claim Submission Training

AHCCCS Online Provider Portal

Professional CMS 1500

How to Access the AHCCCS Online Provider Portal

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website www.azahcccs.gov

2. URL https://azweb.statemedicaid.us

- If a provider does not have an online account, you can register by clicking on the above link. Under the heading "New Account" click on *Register for an AHCCCS Online Account* and follow the instructions to submit a request.

Main Page

Step 1: Sign In. The user **must** have a valid Username and Password.

Step 2: On the Main Page, select ***Claim Submission***

Claims Submission Page

Claim Submission

Claims submitted to AHCCCS prior to 4:00 PM, Monday through Friday, will be processed within 24 to 48 hours. Once the claim has been sent for processing, it can no longer be modified via the web. After the processing deadline, corrections will need to be submitted as a **Replacement** or **Void**. The claim will not be accepted if any required data elements are missing. The claim will also be rejected if the recipient is not eligible for coverage at the time the service is rendered. Claims will be processed under the following Identification Number (Non-Person Entity):

Payer/Receiver Electronic Transmitter Identification Number: 866004791

NOTE: You cannot view the processing status of claims submitted by other users.

Enter New Claim

Type of Claim: Professional ▾ Go...

Select Professional and Click GO

View Claim Processing Status

Submission Date(s): [   ] - [   ] Go...

Submitter Tab

Professional Claim Submission Page

Professional Claim Submission

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Submitter

Organization Name:	NEMT TEST
Electronic Transmitter ID Number:	99222
Information Contact Name:	Provider, Training
Information Contact Telephone Number:	602-417-4000

Verify Provider Information

Save   Submit   Cancel

3) Confirm the Submitter information is correct

4) Then Click the Providers tab at the top of the page

Billing Provider Tab

Billing Provider Tab – General Information

In the Tax ID field enter the Billing Provider's Tax ID. If a group is billing enter the Group Biller Tax ID number.

Providers with valid NPI, will leave the provider commercial number field blank. Enter the 10 digit NPI in the CMMS National Provider ID field and click find.

Providers who do not have a valid NPI will be use the 6 digit AHCCCS Provider ID in the Provider Commercial Number field.

Billing Provider Tab – Tax ID Field

Professional Claim Submission

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Billing Provider

* Tax ID:	123456789 ○ SSN ⦿ EIN
Provider Commercial Number:	007835
* CMMS National Provider ID (NPI):	[ ] Find
* Entity Type:	○ Person ⦿ Non-Person Entity
Health Care Provider Taxonomy Code:	[ ]
Provider Name:	NEMT TEST
Information Contact Name:	
Information Contact Telephone Number:	6024177000
Service Locator Code/Address:	01 701 E JEFFERSON PHOENIX, AZ 85034
* Pay-To Locator Code/Address:	01 701 E JEFFERSON PHOENIX, AZ 85034

Enter the 9 digit TAX ID number and click on EIN

Save   Submit   Cancel

Billing Provider Tab - NPI or AHCCCS ID

Professional Claim Submission

Providers without an NPI will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. Leaving the NPI field blank.

Billing Provider | Rendering Provider | Referring Provider | Service Facility

Billing Provider

* Tax ID: 123456789 ○ SSN ● EIN

Provider Commercial Number: 007835

* CMMS National Provider ID (NPI): [ ] Find

* Entity Type: ○ Person ● Non-Person Entity

Health Care Provider Taxonomy Code: [ ]

Provider Name: NEMT TEST

If you do have an NPI enter the number in the CMMS National Provider ID field Click Find when you have completed the required fields.

* Pay-To Locator Code/Address: 01 PHOENIX, AZ 85034

Save | Submit | Cancel

Billing Provider Tab - Entity Type Qualifier

Click your entity type: Person or Non-Person

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Billing Provider

Select Non – Person Entity then Click Find

* Tax ID: 123456789

Provider Commercial Number: 007835

* CMMS National Provider ID (NPI): [   ] [Find]

* Entity Type: ○ Person ⦿ Non-Person Entity

Health Care Provider Taxonomy Code: [   ]

Provider Name: NEMT TEST

Information Contact Name:

Information Contact Telephone Number: 6024177000

Service Locator Code/Address: [01 ▾] 701 E JEFFERSON PHOENIX, AZ 85034

* Pay-To Locator Code/Address: [01 ▾] 701 E JEFFERSON PHOENIX, AZ 85034

Billing Provider Tab - Pay-To-Locator/Address

Selecting locator code is **required** for service and pay-to-locator.

The locator code determines the address to which payment is sent to. The Remittance Advice is will be mailed to the provider's pay-to address if the provider is not set up for electronic remittance advices.

Rendering Provider Tab

Rendering Provider Tab

The process for completing the Rendering Provider Tab is almost identical to the Billing Tab.

Enter the rendering provider's NPI in the appropriate field. If the rendering provider does not have a NPI, enter their 6-digit AHCCCS Provider ID and leave the NPI field blank.

Help

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim In

Billing Provider	Rendering Provider	Referring Provider	Service Facility

Rendering Provider

Provider Commercial Number: 007835

Providers without an NPI will use their AHCCCS 6 digit AHCCCS provider number in the Provider Commercial Number field. Leave the NPI field blank.

* **CMMS National Provider ID (NPI):** [ ]   Find

If you do have an NPI enter the number in the CMMS National Provider ID field Click Find when you have completed the required fields.

* **Entity Type:** ○ Person ○ Non-

Click "Find"
–Provider information should be displayed

Provider Name:

Health Care Provider Taxonomy Code: [ ]

Save   Submit   Cancel

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Arizona Health Care Cost Containment System

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Patient/Subscriber Tab

Patient/Subscriber Tab

Enter the member's AHCCCS ID and Date of Birth (MM/DD/YYYY) click FIND and verify the member's information.

Help

* Indicates a required field.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Insured or Subscriber

* Member ID Number/Date of Birth:	A10093242 06/23/1988 Find
Person Name:	AHCCCS, SEDONA
Gender:	F
Residential Address:	701 E JEFFERSON ST PHOENIX, AZ 85038
* Payer Responsibility:	P - Primary

NOTE: AHCCCS no longer accepts ADOC claims.

Save   Submit   Cancel

Patient/Subscriber Tab

Click on the Payer Responsibility drop down. Providers must determine the AHCCCS payment after Medicare and all other first and third party payers.

- This mock claim will identify AHCCCS as the Primary Payer and highlight P-Primary.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Insured or Subscriber

* Member ID Number/Date of Birth:	A10093242 06/23/1988 Find
Person Name:	AHCCCS, SEDONA
Gender:	F
Residential Address:	701 E JEFFERSON ST PHOENIX, AZ 85038
* Payer Responsibility:	P - Primary

NOTE: AHCCCS no longer accepts ADOC claims.

Save   Submit   Cancel

Attachments Tab

Attachments Tab

The Attachment tab is the only way to notify the AHCCCS processing system that you are submitting an Electronic Attachment with the claim. From the time of claim submission, providers have 15 days to upload attachments using the Transaction Insight Portal.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Claim Attachments

	Report Type **	Report Transmission **	Control Number **
1	B4 - Referral Form	EL - Electronically Only	A0934000709232019
2			
3			
4			
5			
6			
7			
8			
9			
10			

Attachments (1-10):

Attachments Tab

The first column is the **Report Type**. Click on **B4-Referral Form** for the Daily Trip Report

The second column is **Report Transmission.** Choose **EL – Electronic Only**

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Claim Attachments

	Report Type **	Report Transmission **	Control Number **
1	B4 - Referral Form	EL - Electronically Only	A0934000709232019

The Report Type (B4) and Report Transmission (EL) codes should be used only.

Attachments (1-10):

5			
6			
7			
8			
9			
10			

Attachments Tab

The control number is also referred to as the PWK number. A PWK number is a unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Claim Attachments

		Report Type **	Report Transmission **	Control Number **
	1	B4 - Referral Form	EL - Electronically Only	A0934000709232019
	2			
	3			
	4			
Attachments (1-10):	5			
	6			
	7			
	8			
	9			
	10			

Enter the PWK number, it is recommend to use:

Members AHCCCS ID followed by the date of service.
AXXXXXXXMMDDYYYY

Control Number (PWK number)

Example of a PWK number using a member's AHCCCS ID and the Date of Service	
AHCCCS ID (9-character AHCCCS ID) The A in AHCCCSID must be in uppercase	A12345678
Date of Service	01/03/18
PWK for Claim 1, Document 1	A1234567801032018
Different AHCCCS ID member with the Same Date of Services	
AHCCCS ID (9-character AHCCCS ID) The A in AHCCCSID must be in uppercase	A87654321
Date of Service	01/03/18
PWK for Claim 2, Document 2	A8765432101032018

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.

Claim Information Tab

Claim Information Tab

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Claim Information

Original Reference Number: [_____] ○ Replacement ○ Void

Prior Authorization Number: [_____]

* Patient Control Number: A09340007

Enter your office account number for the patient.
For this training the AHCCCS ID will be used.

The Patient Control Number is NOT the same thing as the PWK number. The Patient Control Number is a number that the provider uses internally.

If your office doesn't use a patient control number, you may enter the members AHCCCS ID or First/Last Name

(Accident)

ment ☐ Other Accident ☐ Auto Accident

State)

[_____ ▼]

No

* Provider Accept Assignment: ⦿ Assigned ○ Accepted on Clinical Lab Services Only ○ Not Assigned

* Benefit Assignment: ⦿ Yes ○ No ○ Not Applicable

* Release of Information Consent: ⦿ Informed Consent ○ Yes

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Claim Information Tab

Claim Information Tab

The next required field on the Provider Signature on file field, if the signature is on file click yes.

- **Provider Accepts Assignment:** Click assigned if you are accepting payments from AHCCCS.

- **Benefit Assignment:** Click yes if the member has indicated that the payment should go directly to the provider.

- **Release of Information Consent:** Click yes if there is a signed statement by the member authorizing the release of the medical data to other organizations. If the patient was only informed of the release of information consent, click next to mark informed consent.

Service Lines Tab

Service Lines Tab

Select ICD-10

To the right side of the screen you will see the *Diagnosis Codes* field. Up to 12 DX codes can be entered WITHOUT the decimal.

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

* Standard: ☒ ICD-9 ◉ ICD-10   * Diagnosis Codes: 1 R6889 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

7 ____ 8 ____ 9 ____ 10 ____ 11 ____ 12 ____

Service Line

* Diagnosis Code Pointers: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

* Service Dates: 09/23/2019 - 09/23/2019

* Line Charges: $ 14.54   * Place of Service Code (POS): 99 - OTHER UNLISTED FACILITY ▾

* Quantity: 2 ○ Minutes ◉ Units   Modifier Codes: 1 ____ 2 ____ 3 ____ 4 ____

* HCPCS Code: A0120   Prescription Date: ____

National Drug Code: ____   **Prescription #/Identifier: ____ ▾

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Service Lines Tab

Per the [Fee-For-Service, Provider Billing Manual, Chapter 14, Transportation](#) : "If the diagnosis is unknown at the time of claim submission request, use the following diagnosis codes:

- For physical health use ICD-10 code R68.89, or
- For behavioral health use ICD-10 F99."

Service Lines Tab

Click the corresponding pointer to each diagnosis code. If more then one diagnosis code is entered be sure to click all the boxes that apply.

| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

* Standard: ~~ICD-9~~ ⦿ ICD-10

* Diagnosis Codes:
1 R6889 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]
7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ]

Service Line

* Diagnosis Code Pointers: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

* Service Dates: 09/23/2019 - 09/23/2019

* Line Charges: $ 14.54   * Place of Service Code (POS): 99 - OTHER UNLISTED FACILITY ⌄

* Quantity: 2 ○ Minutes ⦿ Units   Modifier Codes: 1 [ ] 2 [ ] 3 [ ] 4 [ ]

* HCPCS Code: A0120   Prescription Date: [ ]

National Drug Code: [ ]   **Prescription #/Identifier: [ ] [⌄]

AHCCCS
Arizona Health Care Cost Containment System

Service Lines Tab

| Submitter | Providers | Patient/Subscriber | Ambulance | Other Payer | Attachments | Claim Information | Service Lines |

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

* Standard: ~~ICD-9~~ ● ICD-10   * Diagnosis Codes: 1 [R6889] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]

7 [ ] 8 [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ]

* Diagnosis Code Pointers: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐

* Service Dates: 09/23/2019 - 09/23/2019

* Line Charges: $ 14.54

* Quantity: 2   ○ Minutes ● Units

* HCPCS Code: A0120

National Drug Code: [ ]

- **Enter the to and from dates of service**

- **Line Charges**

- **Number of Units**

- **HCPCS code (procedure code)**

  - **Example base code for transport A0120, This example shows a round trip transport.**

Service Lines Tab

Click the down arrow and select POS 99 for NEMT.

If applicable you can enter up to four modifiers.

Service Lines Tab

* Diagnosis Code Pointers: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

* Service Dates: 09/23/2019 - 09/23/2019

* Line Charges: $ 14.54   *** Place of Service Code (POS):** 99 - OTHER UNLISTED FACILITY ▼

* Quantity: 2 ○ Minutes ◉ Units   **Modifier Codes:** 1 [ ] 2 [ ] 3 [ ] 4 [ ]

* HCPCS Code: A0120   **Prescription Date:** [ ]

National Drug Code: [ ]   ****Prescription #/Identifier:** [ ] [▼]

NDC Quantity/Measure: [ ] [▼]   **Taxonomy Code: [ ] (Performing HC Provider)

Immunization Batch Number: [ ]   **Patient Count:** [ ]

Indicators: Emergency ☐   EPSDT ☐

Provider Control Number: [ ]

**Other Payer: Primary ID [ ]   Paid Amount $ [ ]   Units [ ]   Procedure Code/Qualifier [ ] [▼]

**Medicare: Paid Amount $ [ ]   Units [ ]   Procedure Code/Qualifier [ ] [▼]

Other Adjustment(s): Medicare Deductible $ [ ]   Medicare Coinsurance $ [ ]   Medicare Copay $ [ ]

**Durable Medical Equipment: HCPCS [ ]   Purchase Price $ [ ]   (Days)

**Ordering Physician: Plan ID [ ]   Last Name [ ]

> To bring up another page to enter the miles **click ADD. The page will clear and allow you to enter a new service line if applicable;** the first service line you added will appear at the bottom of the screen.

[Add]

** All or none of the information is required for the line or group.

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Service Lines Tab

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines

Diagnosis or Nature of Illness or Injury (Relate Items 1 - 12 by line to the Diagnosis Code Pointer)

* Standard: ○ ICD-9 ◉ ICD-10   * Diagnosis Codes: 1 `R6889` 2 `____` 3 `____` 4 `____` 5 `____` 6 `____`

7 `____` 8 `____` 9 `____` 10 `____` 11 `____` 12 `____`

Service Line

* Diagnosis Code Pointers: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐

* Service Dates: `____` `____`

* Line Charges: $ `____`   ▼

When adding new lines be sure to re-click on the pointer box that correlates to the diagnosis entered in the diagnosis field.

* Quantity: `____` ○ Minutes ◉ Units   Modifier Codes: 1 `____` 2 `____` 3 `____` 4 `____`

* HCPCS Code: `____`   Prescription Date: `____`

Service Lines Tab

- **Enter the to and from dates of service**
- **Line Charges**
- **Number of Units**
- **HCPCS code (procedure code)**
  - **Example miles code for transport S0215, this example shows a round trip transport.**

Service Lines Tab

This is how two service lines will appear. Verify the billing information, to edit a line click the Pencil icon. The screen with the service line that you clicked to edit will come up, make your changes and click the update button.

Update

** All or none of the information is required for the line or group.

Line No.	Begin Date	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./ Units	Type	Line Charges	Medicare Paid Amount
1	9/23/2019	9/23/2019	99	A0120	_	_	_	_	_	0 _	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	14.54	_
2	9/23/2019	9/23/2019	99	S0215						0	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	300.00	UN	300.00	

Totals: $314.54 $0.00

Service Lines Tab

When you are done adding or editing lines for the claim, click the Submit button.

egin ate	End Date	POS	HCPCS	Mod 1	Mod 2	Mod 3	Mod 4	NDC Code	NDC Units	Diag 1	Diag 2	Diag 3	Diag 4	Diag 5	Diag 6	Diag 7	Diag 8	Diag 9	Diag 10	Diag 11	Diag 12	Min./ Units	Type	Line Charges	Medicare Paid Amount	Units
/23/2019	9/23/2019	99	A0120						0	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	2	UN	14.54		0
/23/2019	9/23/2019	99	S0215						0	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	200	UN	300.00		0
																								Totals: $314.54	**$0.00**	

Click the **Submit** button

Save Submit Cancel

Confirmation Screen

Confirmation Screen

You will see documentation that the claim was submitted successfully, next to the transmission status. It should read as: "Successful"

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Professional
Patient Account Number:	A09340007
Confirmation Code:	P-297

Attachments

You can go to the 275 portal to upload your document by clicking on the attachment link

Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click here to submit an attachment.

View Claim	Enter New Claim

Confirmation Screen

Claim Entry Confirmation

Transmission Status:	Successful
Claim Type:	Professional
Patient Account Number:	A09340007
Confirmation Code:	P-297

Attachments   Beginning with services incurred on 7/1/2013, all NEMT claims must be submitted with the new AHCCCS standard Daily Trip Report. Effective with service dates 8/1/2013 and forward, any non-emergency transport claim that is submitted without the standard Daily Trip Report will be denied. It is the provider's responsibility to maintain all documentation that supports each transport service claimed. Please click here to submit an attachment.

[View Claim] [Enter New Claim]

View Claims,or Enter New Claims

Clicking on View Claim will give you a summary of the information that will be sent over to AHCCCS and will allow you to edit the claim if needed

Clicking on Enter New Claims allows you to enter a new claim.

Non-Emergency Medical Transportation (NEMT) Trip Report

NEMT Trip Report

When billing for NEMT, providers *must* submit the AHCCCS Daily Trip Report with the claim.

- This can be done by using the Transaction Insight Provider Portal.

When a claim is submitted via the AHCCCS Online Provider Portal, a provider can go into the Transaction Insight Provider Portal and submit the NEMT Trip Report.

- A PWK Number can link the documentation (the NEMT Trip Report) to the claim that was previously submitted.

What is the NEMT Trip Report?

The AHCCCS Daily Trip Report provides AHCCCS with vital information necessary for review and payment of the claim, and also plays a role in post-payment audits.

It provides AHCCCS within information regarding the AHCCCS covered service the member was being transported to, what type of vehicle was utilized, the distance traveled, whether it was a one-way or round trip transportation, etc.

What Trainings does AHCCCS Offer for the NEMT Trip Report?

The AHCCCS Provider Training Team providers specific trainings on how to fill out the AHCCCS Daily Trip Report.

Upcoming training dates can be found on the DFSM Provider Training Web Page, under the **Training Schedules** drop down box, under the current quarter's training schedule.

PDF copies of the PowerPoint presentations used in previous trainings can also be found on the DFSM Provider Training Web Page, under the **Training Presentations by Subject** drop down box, when the provider selects NEMT.

AHCCCS also offers video training sessions that providers can watch 24/7. These can be found under the **Provider Training Video Library.**

What Trainings does AHCCS Offer for the NEMT Trip Report?

AHCCCS also has instructions on how to fill out the AHCCCS Daily Trip Report posted online. This document is available as an exhibit within both the FFS and IHS/Tribal Provider Billing Manuals.

FFS Provider Billing Manual:

- [Exhibit 14-2, Non-Emergency Medical Transportation Daily Trip Report Instructions](#)

IHS/Tribal Provider Billing Manual:

- [Exhibit 11-2, Non-Emergency Medical Transportation Daily Trip Report Instructions](#)

Transaction Insight Portal
Web Upload Attachment

*For uploading the NEMT Daily Trip Report.

Transaction Insight Portal

The Transaction Insight Portal has also been referred to as the:

- o TI Portal
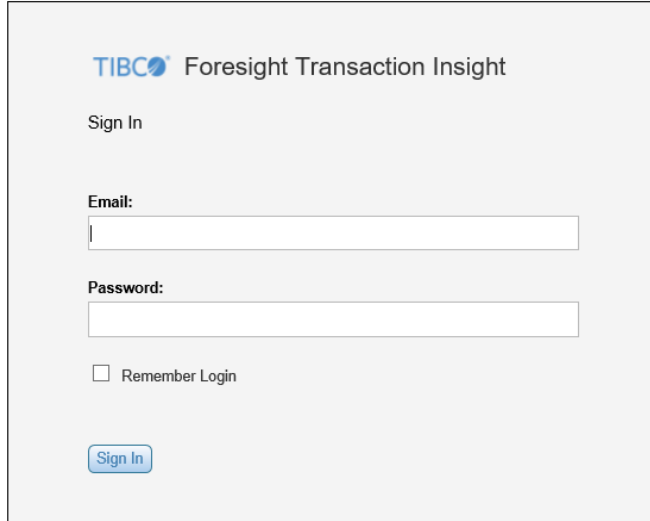- o TIBCO
- o Web Upload Portal

Providers must have an account to use the portal. To set up a new account please contact EDI Customer Support: EDICustomerSupport@azahcccs.gov

Transaction Insight Portal - Production Environment

* * * NOTICE * * *

Due to scheduled nightly maintenance, files processed after 5:00 p.m. will not be available for viewing in Transaction Insight until the next business day.

TIBCO Foresight Transaction Insight

Sign In

Email:

Password:

☐ Remember Login

Sign In

Using the Transaction Insight Portal is the fastest way to link attachments with its corresponding claim.

It does this by using a PWK number.

Providers have 15 days to upload attachments to the Transaction Insight Portal.

- If they are not uploaded in the designated time frame, they will not link to the corresponding claim.

Transaction Insight Portal - 275 Attachment

1. Click on the **Files Tab** on the main menu bar.
2. Select **275 Attachments** from the drop down.

Transaction Insight Portal - 275 Attachment

The 275 Attachments Page has three parts:

1. Part 1: Upload Attachment

2. Part 2: Details

3. Part 3: Save Attachment *

- Required Fields NOTE: Provider Primary or Secondary Identifier/Qualifier are also required fields.

Transaction Insight Portal - Upload Attachment

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB) [   ] [Browse...]   [Upload Attachment]

Transaction Set Purpose Code	Select a value ⌄ *
Submitter Last or Organization Name	*
Provider Entity Type Qualifier	○ Person (1) ● Non-Person Entity (2) *
Provider Last or Organization Name	*
Provider First Name	
Provider Primary Identifier Qualifier	Select a value ⌄
Provider Primary Identifier	
Provider Secondary Identifier	
Provider Address	*
Provider City	*
Provider State	Select a value ⌄ *
Provider Zip Code	*
Patient Last Name	*
Patient First Name	
Patient Primary Identifier	*
Patient Control Number	*
Medical Record Identification Number	
Claim Service Period Start Date	🖱 *
Claim Service Period End Date	🖱
Payer Claim Control Number or Provider Attachment Control Number	*
Claim Status Category Code	Select a value ⌄
Additional Information Request Code	Select a value ⌄
Code List Qualifier Code	Select a value ⌄

* - Required Fields

[Submit Attachment]   [Cancel]
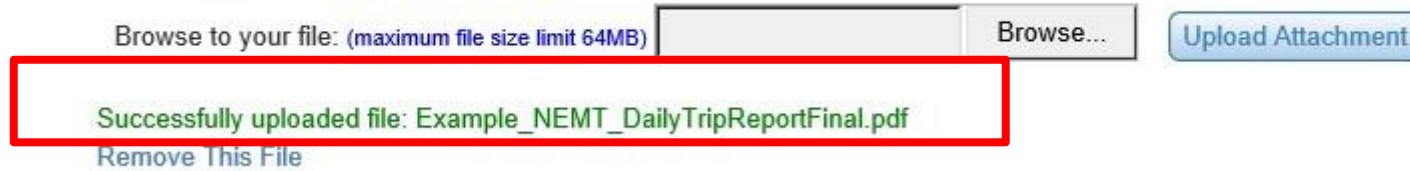
AHCCCS
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1. First click on **Browse**
2. Choose the correct file within your computer's files and select it. This is the file you that you will be submitting
3. Click on upload attachment

If you have successfully uploaded the file, you should see a message in green that states: Successfully uploaded file: filename
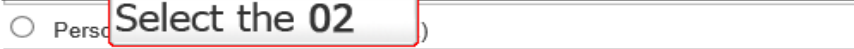
Transaction Insight Portal - Set Purpose Code

From the drop down menu next to the *Transaction Set Purpose Code* select "02-Add" to add documentation to a recently submitted claim.

Transaction Set Purpose Code
Select a value
02 - Add
Submitter Last or Organization Name   11 - Response
Select the 02
Provider Entity Type Qualifier   ○   Perso

11 - Response (Solicited), is used when you receive a letter that the claim has been denied for no documentation. In this case you must use the CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the file required to TI Portal. DO NOT RESUBMIT THE CLAIM.

When 11 - Response is selected, you have to make sure that the following codes are selected from the drop down list, as shown below:

Claim Status Category Code	R4 - Documentation Request
Additional Information Request Code	11503-0
Code List Qualifier Code	LOI - LOINC Codes

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Transaction Insight Portal - Provider Identifier

Provider Primary Identifier Qualifier	XX - NPI
Provider Primary Identifier	
Provider Secondary Identifier	

select XX-NPI

If the claim was submitted with a valid NPI, from the drop down menu the ***Provider Primary Identifier*** selection will be "XX- NPI".

You must enter the Rendering Provider's NPI number in this field.

Transaction Insight Portal - Provider Identifier

Provider's that submitted their claims using an AHCCCS Provider ID will NOT make a selection from the drop down. They will leave the ***Provider Primary Identifier*** field blank.

Instead, enter the Provider's AHCCCS ID # into the ***Provider Secondary Identifier*** field.

Transaction Insight Portal - Provider Information

Field	Value
Transaction Set Purpose Code	02 - Add
Submitter Last or Organization Name	NEMT Test
Provider Entity Type Qualifier	○ Person (1) ⦿ Non-Person Entity (2) **Example Only**
Provider Last or Organization Name	
Provider First Name	
Provider Primary Identifier Qualifier	Select a value
Provider Primary Identifier	
Provider Secondary Identifier	
Provider Address	
Provider City	
Provider State	Select a value
Provider Zip Code	

*1. Enter the Submitter's Last Name or the Organization Name.

*

*

*2. ***Provider Entity Type*** will vary depending on your provider type.

3. Enter the Provider's Address, City, State and Zip code.

- Non-Person Entity (2), only enter the Organization Name
- Person (1), Enter the Provider's Last Name

Transaction Insight Portal - Patient Information

Patient Last Name	SUGAR	*
Patient First Name	COOKIE	
Patient Primary Identifier	A09340007	*
Patient Control Number	A09340007	*

Enter your office account number for the patient.
For this training the AHCCCS ID will be used.

1. Patient Last Name: Last Name

2. Patient First Name: First Name

3. Patient Primary Identifier: Members AHCCCS ID

The Patient Control Number is NOT the same thing as the PWK number..
• The Patient Control Number is a number that the provider uses internally. For example, it could be a patient account number.

For purposes of this training, we will uses the member's AHCCCS ID as their internal patient account number.

AHCCCS Online Provider Portal and Transaction Insight Portal

Transaction Insight Portal - PWK Number

A PWK number is a unique number that you will create for each claim/document that you submit. It allows the system to link the attachment to the correct claim.

1. The PWK number <u>**must**</u> begin with an upper case "A".

2. Make sure the PWK number that is entered on the ***Claim Attachment tab*** is entered in the same format in the ***Transaction Insight Portal***.

   ** *Spacing MATTERS. A single space before or after the PWK number can result in a mismatch. ***

Incorrect Format	Correct Format
a0934000710012019	**A0934000710012019**

Please note that this PWK number should have already been entered into the AHCCCS Online Provider Portal when the provider first submitted the corresponding claim.

Transaction Insight Portal – Payer Claim Control Number (PWK number)

Example of a PWK number using a member's AHCCCS ID and the Date of Service	
AHCCCS ID (9-character AHCCCS ID) The A in AHCCCSID must be in uppercase	A12345678
Date of Service	01/03/18
PWK for Claim 1, Document 1	A1234567801032018
Different AHCCCS ID member with the Same Date of Services	
AHCCCS ID (9-character AHCCCS ID) The A in AHCCCSID must be in uppercase	A87654321
Date of Service	01/03/18
PWK for Claim 2, Document 2	A8765432101032018

The combination of the member's AHCCCS ID and the Date of Service is what makes the PWK number unique to each claim.

Payer Claim Control Number or Provider Attachment Control Number (AKA PWK Number)
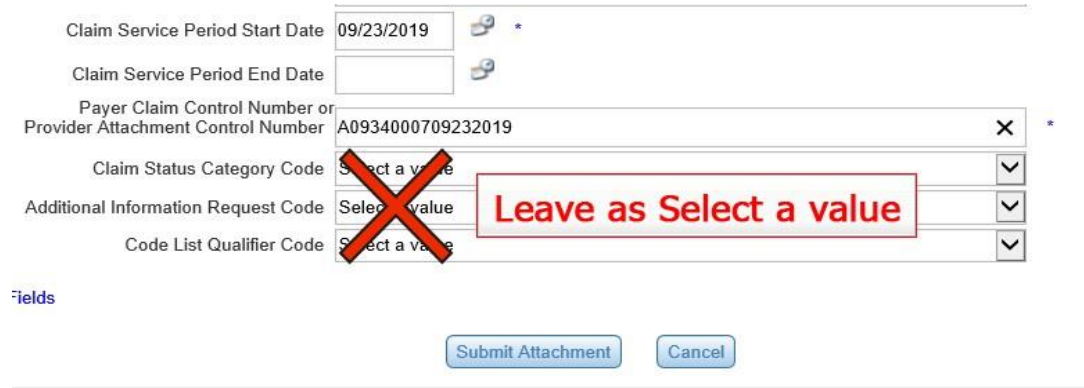
Payer Claim Control Number or Provider Attachment Control Number	[ ] *
Claim Status Category Code	Select a value
Additional Information Request Code	Select a value
Code List Qualifier Code	Select a value

Enter the PWK number it must match what your entered in your claim submission.

it is recommend to use.
Members AHCCCS ID followed by the date of service.
AXXXXXXXMMDDYYYY

The *exact same* PWK number will be entered into the Payer Claim Control Number "backslash" Provider Attachment Control Number field. If there is even a space of difference the two PWK numbers will not match up. They must match in order for the documentation on the Transaction Insight Portal to "match" to the correct claim in the AHCCCS Online Provider Portal.

Remember: This same PWK number should have already been entered under the *Claims Attachment Tab* in the *AHCCCS Online Provider Portal*, if the AHCCCS Online Provider Portal had been used to submit the claim.

- AHCCCS recommends the PWK number to be the members AHCCCS ID number beginning with an upper case "A" followed by the two digit month, two digit day, and four digit year for the date of service. This ensures a unique PWK for each claim submitted.

Transaction Insight Portal - No Action Required

Claim Service Period Start Date	09/23/2019
Claim Service Period End Date	
Payer Claim Control Number or Provider Attachment Control Number	A0934000709232019
Claim Status Category Code	Select a value
Additional Information Request Code	Select a value
Code List Qualifier Code	Select a value

Leave as Select a value

Fields

Submit Attachment   Cancel

Manually enter the service start date using a two digit month, two digit day, and four digit year.

You may also click on the Date icon and then select the date from the calendar.

The end date service can be left blank as it is optional.

The last three fields will be left at "select a value".

Next, click on submit attachment.

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Transaction Insight Portal - Uploaded Successful

Scroll back up to the top of the screen. If the attachment uploaded successfully, then a message in orange letters will display there reading as "275 Attachment file and details uploaded successfully".

275 Attachment file and details uploaded successfully.

275 Claim Attachment Upload

During the 275 upload process, please complete, at a minimum, all required fields in the 275 Attachment Details section.

Browse to your file: (maximum file size limit 64MB)   [   ]   Browse...   Upload Attachment

Response Type - 11-Response

If you receive a Response Type – 11 Response, this means that the adjudication staff will deny the claim with a denial reason reading as "specify what documentation is required"

- In this case you must use the 12 digit CRN (Claim Reference Number) of the denied claim in the Payer Claim Control Number. Only upload the required file to TI Portal. DO NOT RESUBMIT THE CLAIM.

  NOTE: Using the PWK is an automatic process, and the claim will process quickly. Using the CRN is a manual process, and can take up to 2 to 4 weeks to process.

Response Type - 11- Response

When using the 11- Response make sure to select R4 Documentation Request, the Request code 11503-0, and the *Code List Qualifier Code* fields as shown in the image to the left.

DFSM Provider Education and Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).

- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov

- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
    - o NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.

- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at   ProviderTrainingFFS@azahcccs.gov

Thank You.